



BASIC RESEARCH

Relationship of quantitative structure and pharmacokinetics in fluoroquinolone antibacterials

Die Cheng, Wei-Ren Xu, Chang-Xiao Liu

Die Cheng, Department of Pharmaceutical Engineering, School of Chemical Engineering and Technology, Tianjin University, Tianjin 300072, China

Die Cheng, Wei-Ren Xu, Chang-Xiao Liu, National Key Laboratory of Pharmacokinetics and Pharmacodynamics, Tianjin Institute of Pharmaceutical Research, Tianjin 300193, China

Supported by the National Basic Research Program of China, No. 2004BC518902

Correspondence to: Chang-Xiao Liu, National Key Laboratory of Pharmacokinetics and Pharmacodynamics, Tianjin Institute of Pharmaceutical Research, 308 An-Shan West Road, Tianjin 300193, China. liuchangxiao@163.com

Telephone: +86-22-23006863 Fax: +86-22-23006863

Received: 2007-01-10 Accepted: 2007-03-23

Abstract

AIM: To study the relationship between quantitative structure and pharmacokinetics (QSPkR) of fluoroquinolone antibacterials.

METHODS: The pharmacokinetic (PK) parameters of oral fluoroquinolones were collected from the literature. These pharmacokinetic data were averaged, 19 compounds were used as the training set, and 3 served as the test set. Genetic function approximation (GFA) module of Cerius² software was used in QSPkR analysis.

RESULTS: A small volume and large polarizability and surface area of substituents at C-7 contribute to a large area under the curve (AUC) for fluoroquinolones. Large polarizability and small volume of substituents at N-1 contribute to a long half life elimination.

CONCLUSION: QSPkR models can contribute to some fluoroquinolones antibacterials with excellent pharmacokinetic properties.

© 2007 The WJG Press. All rights reserved.

Key words: Quantitative structure pharmacokinetic relationship; Genetic function approximation; Fluoroquinolones; Elimination half life

Cheng D, Xu WR, Liu CX. Relationship of quantitative structure and pharmacokinetics in fluoroquinolone antibacterials. *World J Gastroenterol* 2007; 13(17):2496-2503

<http://www.wjgnet.com/1007-9327/13/2496.asp>

INTRODUCTION

H pylori is generally considered to be the most important cause of peptic ulcer diseases, gastric adenocarcinoma and mucosa-associated lymphoid tissue (MALT) lymphoma of the stomach^[1]. The widespread use of antibacterial therapy is suggested to be the cause for the decline in the prevalence of *H pylori* infection^[2]. Among the different types of antibacterial agents, the effects of fluoroquinolones are better and have attracted much attention. Unfortunately, complete eradication of *H pylori* is still in the initial stage, especially in South East Asia and Southern Europe, where resistance to antibiotics has become more prevalent^[3]. It is therefore important to search for better antibacterial agents against resistant *H pylori* strains^[4].

Successful drugs must have suitable properties in toxicity, bioavailability and pharmacokinetic parameters. Screening of a large number of compounds with excellent absorption, distribution, metabolism, and excretion (ADME) properties is time-consuming and expensive^[5]. So the extension of the idea of quantitative structure-activity relationship to the pharmacokinetics has led to the emergence of a new tool called the quantitative structure pharmacokinetic relationship (QSPkR) studies. QSPkR studies can be utilized at early stages of drug design. Both one- and two-dimensional topological indices have been used extensively to numerically relate molecular structure with activity^[6]. These descriptors rely only on the molecular graph for their calculation. In contrast, three-dimensional descriptors require the absolute conformation of a molecule, and have been successfully used to develop QSPkR analysis^[7].

The QSPkR models integrated properties of chemical structures (e.g. LogP) and their pharmacokinetic parameters (total clearance, distribution volume, etc.) of fluoroquinolones have been reported^[8]. But these existing models cannot demonstrate the influence of the substituents to pharmacokinetic parameters. That is to say, these models can only predict pharmacokinetic parameters of the existing chemicals.

After examining the structures of all marketed fluoroquinolones, we found that their diversities in structures were mainly within R1 and R7 (Figure 1). Considering the connections between the groups (R1 and R7) and matrix were single bonds, the conjugations between groups and matrix were limited, and the groups had relatively independent properties. To simplify the design for high efficiency in practice, the properties of fragments were

applied as the descriptors of calculation. In this study, a two-step process was used to develop QSPkR models clinically using fluoroquinolone antibacterials. The first step was to calculate properties related to chemical structures and their conformation, especially constituent structures. These properties include 2D descriptors representing physical properties (logP), 3D descriptors (volume), and quantum chemical parameters (polarizability). After calculating these properties, the QSPkR models were developed by multivariate linear regression based on genetic algorithms.

Using these QSPkR models, we can illustrate how the changes at N-1 and C-7 of the fluoroquinolones affect their pharmacokinetic parameters. Hopefully, these QSPkR models can contribute to some fluoroquinolones with excellent pharmacokinetic properties.

MATERIALS AND METHODS

Molecules

All 22 compounds used in this study are analogues of the fluoroquinolone antibacterials which are widely used clinically except DW116 (No.5). The matrix of the compounds is shown in Figure 1, and their detailed substituents are listed in Figure 2.

Pharmacokinetic data

The PK parameters of these fluoroquinolones were collected from literature^[9-68]. Data were taken from the studies of oral fluoroquinolones. These pharmacokinetic data were averaged after AUC and Cmax data were normalized by 100 mg of drugs (Table 1). $t_{1/2}$ in this paper is elimination half life, it is also known as $t_{1/2(\beta)}$. Nineteen compounds were used as the training set, and the others served as test set.

Molecular descriptors

The 3D structure of each compound was constructed by HyperChem 7.0 (Hypercube Inc., USA) and then optimized with MM+ force field. All molecules were aligned by minimizing the rms distance of their matrix by SYBYL 7.0 (Tripos Inc., 2004). The alignment of molecules is displayed in Figure 3. The descriptors were calculated for substituents R1 and R7 by HyperChem 7.0. The definitions of all descriptors are shown in Table 2.

QSPkR calculation

The logarithmic values of the PK parameters were used as the dependent variables. All the descriptors were scaled by the mean values of data from the training set .

The models related to three dependent variables [$\ln(\text{AUC})$, $\ln(1/2)$ and $\ln(\text{C}_{\text{max}})$] and 14 independent variables were built respectively according to the data of the training set. To obtain a high quality of QSPkR models, genetic algorithms (GA) and partial least squares analysis (PLS) were used in calculation. The calculation was conducted with the QSAR module of Cerius² (Accelrys Software Inc.) molecular modeling software.

We selected three and four independent variables to search their best models. QSPkR analysis based on GA began with a population of random models. These models

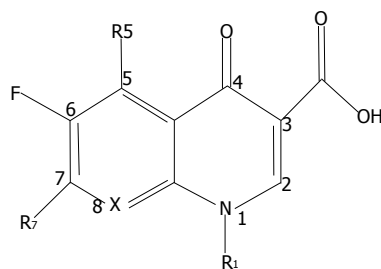


Figure 1 The matrix of all fluoroquinolone antibacterials.

were generated by randomly selecting three or four features from the data file. Product of multiple linear regression coefficient and leave-one-out cross-validation coefficient was used as a fitness function to generate the fitness scores of these models. For this data set 200 populations were used, and the number of elite populations was 100. The genetic operator was applied until the total fitness score of the elite populations could not be improved over a period of 30 crossover operations. The convergence criteria was met after 430 operations for four features and 280 operations for three features.

The parameters like correlation coefficient (R), variance ratio (F), lack of fit (LOF) scores and leave-one-out cross-validation coefficient (S) were also computed for the suitability of fitness.

The data of the left test set were then predicted by these models.

RESULTS

Calculation of descriptors

The descriptors were calculated for substituents R1 and R7 by HyperChem 7.0. And their values are displayed in Tables 3 and 4.

Fitted models

The GA calculation gave 100 models for each pharmacokinetic parameter. The models with the best fitness are listed in Table 5. Results showed that GA was a powerful tool to find the best models. Maximum R^2 of models based on $\ln(C_{max})$ was only 0.327. Therefore, these models might not be significant. That is to say these 14 descriptors were not correlated with C_{max} .

All the predicted and observed data of $\ln(\text{AUC})$ and $\ln(t/2)$ from the training set are displayed in Figure 4.

DISCUSSION

We normalized the data of all the descriptors before model construction, making the coefficient of all the descriptors comparable in the same model. In the model based on AUC, coefficient of V7 was the largest and negative, and that of HE7 was quite small, suggesting that the substituents at position 7 are very significant to AUC, and small volume, large polarizability and large surface area substituents at C-7 are preferred, while hydration energy has little influence on AUC.

In fact, compounds with relatively small volume and large polarizability and surface area of substituents at C-7

Compounds No.	Name	R1	R5	R7	X
1	Amifloxacin		-H		
2	Balofloxacin		-H		
3	Ciprofloxacin		-H		
4	Clinafloxacin		-H		
5	DW116		-H		
6	Enoxacin		-H		-N-
7	Gatifloxacin		-H		
8	Gemifloxacin		-H		-N-
9	Grepafloxacin		-CH3		
10	Levofloxacin		-H		
11	Lomefloxacin		-H		
12	Norfloxacin		-H		
13	Ofloxacin		-H		
14	Pefloxacin		-H		
15	Rufloxacin		-H		
16	Sitafoxacin		-H		
17	Sparfloxacin		-NH2		
18	Temafloxacin		-H		
19	Trovafloxacin		-H		-N-
20	Difloxacin		-H		
21	Fleroxacin		-H		
22	Tosufloxacin		-H		-N-

Figure 2 The substituents of fluoroquinolone antibacterials.

(Table 4) all had relatively large AUC (Table 1). Although compounds 3, 4, 12 and 22 (Table 4) had substituents at C-7 with very small volume, their AUCs were all small (Table 1) because of extremely small polarizability and surface area (Table 4), suggesting that coefficient of V7 is not the definitive factor to affect AUC. Volume,

polarizability and surface area of R7 determined AUC, and small volume, large polarizability and large surface area of substituents at C-7 were of benefit to large AUC. It is coincident with the results of coefficients in the AUC-based model.

In the $t_{1/2}$ -based model, coefficient of V1 was the

Table 1 Pharmacokinetic data of fluoroquinolones from human studies

Compounds		PK parameters						References
		¹ AUC _{0-∞} (μg·h/mL)		¹ t _{1/2} (h)		¹ C _{max} (mg/L)		
No.	Name	Range	Average	Range	Average	Range	Average	
Training set								
1	Amifloxacin	5.5-5.62	5.57	3.58-4.83	4.14	0.9-1.26	1.14	9, 10
2	Balofloxacin	8.55	8.55	7.8	7.8	1.08	1.08	11
3	Ciprofloxacin	2.12-3.53	2.56	3.01-4.7	4.16	0.4-0.69	0.56	12-15
4	Clinafloxacin	4.63-5.93	5.34	5.09-6.13	5.74	0.6-0.84	0.72	16-18
5	DW116	18.54-23.3	21.86	14.53-18.7	15.82	1.1-1.22	1.17	19
6	Enoxacin	2.9-5.47	4.36	2.35-4.98	3.54	0.62-0.81	0.66	20-22
7	Gatifloxacin	6.5-8.92	7.87	6.52-8.6	7.46	0.84-1.03	0.9	23-26
8	Gemifloxacin	2.79-3.43	3.02	5.87-8.2	6.65	0.46-0.73	0.56	27-29
9	Grepafloxacin	2.83-4.05	3.43	9.2-12.7	11.53	0.24-0.41	0.32	11, 12, 30, 31
10	Levofloxacin	8.96-9.5	9.33	6-7.4	6.78	0.16-0.3	0.24	32-34
11	Lomefloxacin	8.05-13.53	9.84	5.5-12.7	7.73	0.95-1.18	1.06	35-37
12	Norfloxacin	1.7-1.85	1.77	3.5-4.02	3.7	0.32-0.36	0.33	38-40
13	Ofloxacin	6.68-11.64	7.67	4.6-6.7	5.32	0.71-1.33	0.87	41-45
14	Pefloxacin	24.4-40.78	29.97	10.9-15.06	14.63	1.03-1.68	1.44	46-48
15	Rufloxacin	35.8-44.03	39.43	28.2-40	34.25	0.68-1.13	0.99	49-52
16	Sitafoxacin	5.62-6.02	5.88	4.6-7	5.4	0.9-0.93	0.92	53-54
17	Sparfloxacin	8.08-11.96	8.35	16.5-25.56	20.06	0.23-0.4	0.34	55-57
18	Temafloxacin	7.42-10.63	8.45	7.8-10.6	8.55	0.61-0.9	0.74	58-60
19	Trovafloxacin	9.75-14.47	11.91	7.8-10.8	9.66	0.97-1.5	1.23	61-63
Test set								
20	Difloxacin	26.6-28.3	27.8	20.6-28.8	25.7	1.02-1.1	1.04	64
21	Fleroxacin	16.3-20.65	18.13	7.9-13	11.02	1.19-1.58	1.4	32, 65, 66
22	Tosufloxacin	1.49-3.3	2.62	3.6-4.85	4.02	0.21-0.4	0.34	67-69

¹AUC_{0-∞} is area under the plasma concentration-time curve from time zero to infinity; *t*_{1/2} is elimination half life; C_{max} is maximum concentration of the drug in plasma.

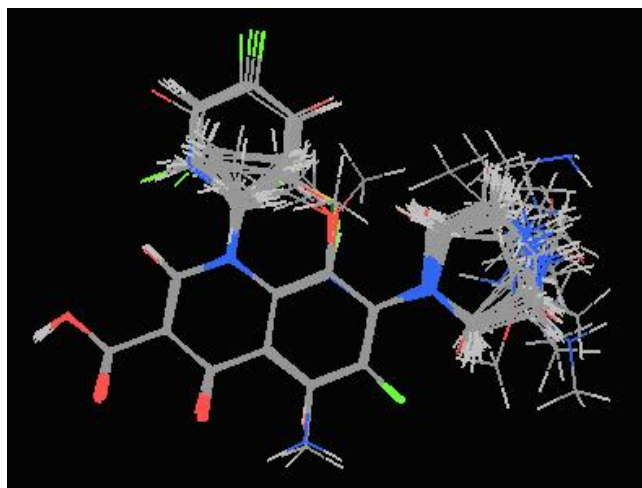


Figure 3 The alignment of fluoroquinolone molecules.

largest and negative, but that of P7 and HE7 was quite small, suggesting that the substituents at position 1 are significant to *t*_{1/2}, large polarizability and small volume of substituents at N-1 are therefore preferred.

In fact, compounds with relatively small volume and large polarizability of substituents at N-1 (Table 4) all had relatively large *t*_{1/2} (Table 1). Compounds 1, 6, 11 and 12 with very small volume of substituents at N-1 (Table 4) had small *t*_{1/2} (Table 1) because of extremely small polarizability (Table 4), and compounds 18, 19 and 22 with extremely large polarizability of substituents at N-1 (Table 4) had relatively small *t*_{1/2} (Table 1) because of too

Table 2 Descriptors used in this paper

Descriptors	Physicochemical meaning
SA7	Surface area (grid) of R7
V7	Volume of R7
HE7	Hydration energy of R7
LP7	Logp of R7
RF7	Refractivity of R7
P7	Polarizability of R7
MW7	Molecular weight of R7
SA1	Surface area (grid) of R1
V1	Volume of R1
HE1	Hydration energy of R1
LP1	Logp of R1
RF1	Refractivity of R1
P1	Polarizability of R1
MW1	Molecular weight of R1

large volumes. Therefore, volume and polarizability of R1 determine *t*_{1/2} and small volume and large polarizability of substituents are beneficial to large *t*_{1/2}. It is coincident with the coefficients in the *t*_{1/2}-based model.

Predicted data for test set

The AUC and *t*_{1/2} data of test set (Table 6) were predicted by models displayed in Table 5.

The ln(AUC) values predicted by the model correlated well with the observed ln(AUC) values for the training data set with correlation coefficient (R²) equal to 0.7369 (Figure 4A). In addition, application of the model to an external test data set consisting of 3 compounds demonstrated

Table 3 Descriptors for group R7 of all fluoroquinolones compounds

No.	R7						
	SA7	V7	HE7	LP7	RF7	P7	MW7
1	271.21	398.4	5.48	-0.36	27.44	11.56	99.16
2	299.04	445.86	5.04	-0.15	31.33	13.39	113.18
3	247.54	347.95	1.46	-0.72	22.15	9.72	85.13
4	248.59	344.96	0.9	-1	21.91	9.72	85.13
5	266.41	382.26	5.33	-0.36	27.44	11.56	99.16
6	251.07	350.09	1.58	-0.72	22.15	9.72	85.13
7	265.94	383.08	3.5	-0.31	26.57	11.56	99.16
8	300	442.55	-2.21	-0.28	35.48	14.96	142.18
9	261.99	381	3.58	-0.31	26.57	11.56	99.16
10	264.36	391.96	5.45	-0.36	27.44	11.56	99.16
11	260.22	378.35	3.68	-0.31	26.57	11.56	99.16
12	250.06	350.92	1.37	-0.72	22.15	9.72	85.13
13	269.89	397.69	5.39	-0.36	27.44	11.56	99.16
14	258.05	374.48	5.68	-0.36	27.44	11.56	99.16
15	258.5	378.79	5.73	-0.36	27.44	11.56	99.16
16	281.66	422.58	3	-0.4	28.87	12.62	111.17
17	298.38	442.76	5.55	0.11	30.99	13.39	113.18
18	266.8	385.12	3.43	-0.31	26.57	11.56	99.16
19	244.47	346.87	4.31	-1.24	24.6	10.78	97.14
20	260.91	378.28	5.31	-0.36	27.44	11.56	99.16
21	264	387.29	5.61	-0.36	27.44	11.56	99.16
22	231.53	320.13	2.75	-1	21.91	9.72	85.13

Table 4 Descriptors for group R1 of all fluoroquinolones compounds

No.	R1						
	SA1	V1	HE1	LP1	RF1	P1	MW1
1	162.65	191.65	-4.39	-0.41	6.5	3.64	30.05
2	184.12	230.99	2.6	1.13	10.1	5.41	41.07
3	183.13	229.07	2.59	1.13	10.1	5.41	41.07
4	181.83	225.71	2.61	1.13	10.1	5.41	41.07
5	232.61	320.17	-3.57	1.43	24.71	9.18	96.08
6	171.57	206.82	0.73	1.32	7.29	4.35	29.06
7	192.14	241.82	2.56	1.13	10.1	5.41	41.07
8	180.91	225.56	2.61	1.13	10.1	5.41	41.07
9	185.87	233.6	2.57	1.13	10.1	5.41	41.07
10	209.76	274.58	0.58	2.4	13.05	6.37	58.08
11	173.79	211.56	0.71	1.32	7.29	4.35	29.06
12	172.99	213.28	0.7	1.32	7.29	4.35	29.06
13	213.93	278.93	0.71	2.4	13.05	6.37	58.08
14	172.31	210.04	0.72	1.32	7.29	4.35	29.06
15	187.74	241.74	-1.24	0.8	15.93	7.69	60.11
16	194.84	249.45	2.6	0.82	9.92	5.32	59.06
17	193.09	243.16	2.55	1.13	10.1	5.41	41.07
18	246.11	343.09	-3.4	2.14	26.43	9.8	113.09
19	246.34	343.09	-3.4	2.14	26.43	9.8	113.09
20	239.88	334.78	-2.47	2	26.21	9.89	95.1
21	168.2	205.76	0.8	0.92	7.37	4.26	47.05
22	248.12	343.14	-3.4	2.14	26.43	9.8	113.09

that the model-predicted AUC values were approximate to the observed AUC values (Table 6), indicating that the constructed model is valid for AUC.

The $\ln(t_{1/2})$ values predicted by the model also correlated well with the observed $\ln(t_{1/2})$ values for the training data set with correlation coefficient (R2) equal to 0.7287 (Figure 4B). In addition, the model-predicted $t_{1/2}$ values were approximate to the observed $t_{1/2}$ values (Table 6), indicating that the constructed model is also valid for $t_{1/2}$.

These models may be used to predict the pharmacokinetic parameters (AUC and $t_{1/2}$) of untried fluoroquinolones. But residual values between predicted and observed data of the test set are slightly larger especially for AUC. It is mainly due to non-precise pharmacokinetic data. Although all the pharmacokinetic data obtained from the literature were averaged, they were not precise enough to get excellent models. The other reason is that we only considered diversities within R1 and R7 to simplify the models. These models however, are very useful as in-silicon prefilters of

Table 5 QSPkR models from the training set data

No.	Model	R ²	R	F	S	LOF
AUC	$\ln(\text{AUC}) = 2.27895 + 1.22614 (\text{HE7}) + 9.96141 (\text{P7}) - 20.5953 (\text{V7}) + 9.13637 (\text{SA7})$	0.737	0.858	9.801	0.550	0.472
$t_{1/2}$	$\ln(t_{1/2}) = 1.49842 + 1.80503 (\text{P7}) + 0.492241 (\text{HE7}) - 5.26324 (\text{V1}) + 3.53476 (\text{P1})$	0.729	0.854	9.400	0.555	0.280
Cmax	$\ln(\text{Cmax}) = 2.96161 - 5.92537 (\text{V1}) + 2.15698 (\text{MW1}) + 0.206369 (\text{P7}) + 0.26873 (\text{HE7})$	0.327	0.572	1.697	-0.093	0.523

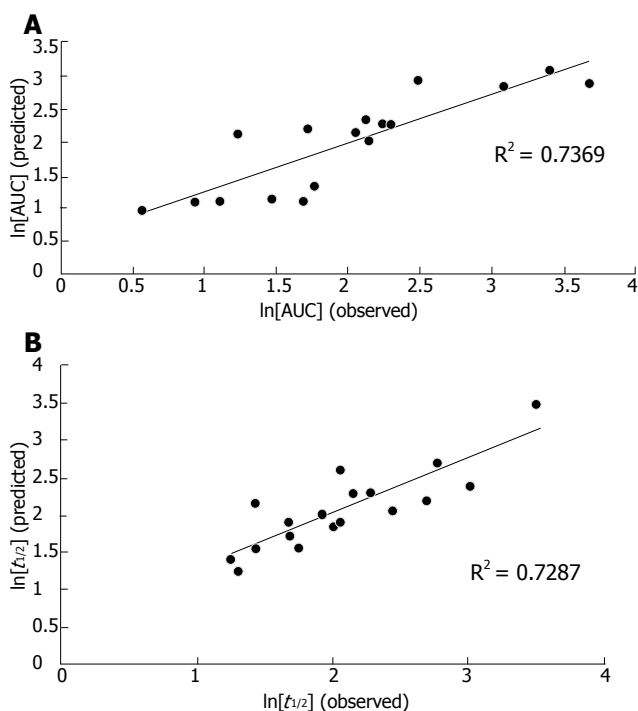
Figure 4 The comparison of the predicted and observed $\ln(\text{AUC})$ (A) and $\ln(t_{1/2})$ (B).

Table 6 Predicted and observed data of the compounds in the test set

Compounds	Observed		Predicted	
	AUC	$t_{1/2}$	AUC	$t_{1/2}$
20	27.8	25.7	17.431	16.395
21	18.13	11.02	13.269	9.388
22	2.62	4.02	12.034	6.852

fluoroquinolone compounds in virtual high throughput screening. And qualitative analysis of substituents at N-1 and C-7 may contribute to guide design of novel fluoroquinolones with excellent pharmacokinetic properties.

In conclusion, this model can contribute to a series of fluoroquinolone antibacterial drugs with excellent pharmacokinetic properties for complete eradication of *H. pylori*.

ACKNOWLEDGMENTS

We thank Shandong University (Shandong, China) for allowing us to use the Cerius² molecular modeling software (Accelrys) and Hypercube Inc. for providing us HyperChem 7.0 Evaluation for Windows (download from <http://www.hyper.com/>).

COMMENTS

Background

Successful drugs must have suitable properties in toxicity, bioavailability and pharmacokinetic parameters. Screening for a large number of compounds with excellent absorption, distribution, metabolism, and excretion (ADME) properties is time-consuming and expensive. So the extension of the idea of quantitative structure-activity relationship (QSAR) to pharmacokinetic data has led to emergence of new tool called quantitative structure pharmacokinetic relationship (QSPkR) study. QSPkR study can be utilized in drug design.

Research frontiers

Both one- and two-dimensional topological indices have been used extensively to numerically relate molecular structure with activity and/or property. (These descriptors rely only on the molecular graph for their calculation. In contrast, three-dimensional descriptors require the absolute conformation of a molecule. They, too, have been successfully used to develop QSPkRs.

Innovations and breakthroughs

In this study the authors have developed and demonstrated novel computational approaches for the efficient and accurate prediction of AUC and $t_{1/2}$ of fluoroquinolones. They constructed simple models which can directly correlate physical and chemical properties to pharmacokinetic data. These models can be used not only to predict pharmacokinetic parameters but also to guide the design of novel fluoroquinolones.

Applications

Using these QSPkR models, the authors can illustrate how the changes at N-1 and C-7 of the fluoroquinolones affect their pharmacokinetic parameters. Such computational models may be useful as in-silico prefilters of fluoroquinolones compounds in a virtual high throughput screening environment and as a research tool for identifying and improving the pharmacokinetic profiles of fluoroquinolones candidates.

Peer review

In the present study, the authors have tried to develop computational approaches for the prediction of the pharmacokinetics of fluoroquinolones. Quantitative structure-pharmacokinetics relationship analysis can be an important tool at the early stage of drug design. The authors demonstrated that small volume and large polarizability of substituents of R-1 are beneficial to large $t_{1/2}$ and small volume, large polarizability and surface area of substituents at C-7 are of benefit to large AUC in fluoroquinolones.

REFERENCES

- 1 NIH Consensus Conference. Helicobacter pylori in peptic ulcer disease. NIH Consensus Development Panel on Helicobacter pylori in Peptic Ulcer Disease. *JAMA* 1994; **272**: 65-69
- 2 Leung WK, Hung LC, Kwok CK, Leong RW, Ng DK, Sung JJ. Follow up of serial urea breath test results in patients after consumption of antibiotics for non-gastric infections. *World J Gastroenterol* 2002; **8**: 703-706
- 3 Ibrahim M, Khan AA, Tiwari SK, Habeeb MA, Khaja MN, Habibullah CM. Antimicrobial activity of Sapindus mukorossi and Rheum emodi extracts against H pylori: In vitro and in vivo studies. *World J Gastroenterol* 2006; **12**: 7136-7142
- 4 Klopman G, Fercu D, Renau TE, Jacobs MR. N-1-tert-butyl-substituted quinolones: in vitro anti-Mycobacterium avium

- activities and structure-activity relationship studies. *Antimicrob Agents Chemother* 1996; **40**: 2637-2643
- 5 **Norris DA**, Leesman GD, Sinko PJ, Grass GM. Development of predictive pharmacokinetic simulation models for drug discovery. *J Control Release* 2000; **65**: 55-62
 - 6 **Ghafourian T**, Fooladi S. The effect of structural QSAR parameters on skin penetration. *Int J Pharm* 2001; **217**: 1-11
 - 7 **Feher M**, Sourial E, Schmidt JM. A simple model for the prediction of blood-brain partitioning. *Int J Pharm* 2000; **201**: 239-247
 - 8 **Wajima T**, Fukumura K, Yano Y, Oguma T. Prediction of human pharmacokinetics from animal data and molecular structural parameters using multivariate regression analysis: oral clearance. *J Pharm Sci* 2003; **92**: 2427-2440
 - 9 **Cook JA**, Silverman MH, Schelling DJ, Nix DE, Schentag JJ, Brown RR, Strohane RM. Multiple-dose pharmacokinetics and safety of oral amifloxacin in healthy volunteers. *Antimicrob Agents Chemother* 1990; **34**: 974-979
 - 10 **Strohane RM**, Silverman MH, Sauersschell R, Brown RR, Boddy AW, Cook JA. Preliminary study of the pharmacokinetics of oral amifloxacin in elderly subjects. *Antimicrob Agents Chemother* 1990; **34**: 751-754
 - 11 **Kozawa O**, Uematsu T, Matsuno H, Niwa M, Nagashima S, Kanamaru M. Comparative study of pharmacokinetics of two new fluoroquinolones, balofloxacin and grepafloxacin, in elderly subjects. *Antimicrob Agents Chemother* 1996; **40**: 2824-2828
 - 12 **Lubasch A**, Keller I, Borner K, Koeppe P, Lode H. Comparative pharmacokinetics of ciprofloxacin, gatifloxacin, grepafloxacin, levofloxacin, trovafloxacin, and moxifloxacin after single oral administration in healthy volunteers. *Antimicrob Agents Chemother* 2000; **44**: 2600-2603
 - 13 **Boy D**, Well M, Kinzig-Schippers M, Sörgel F, Ankel-Fuchs D, Naber KG. Urinary bactericidal activity, urinary excretion and plasma concentrations of gatifloxacin (400 mg) versus ciprofloxacin (500 mg) in healthy volunteers after a single oral dose. *Int J Antimicrob Agents* 2004; **23** Suppl 1: S6-S16
 - 14 **Zhang J**, Zhang YY, Shi YG, Yu JC, Wang L. Clinical pharmacokinetics study on ciprofloxacin. *Zhongguo Yaolixue Tongbao* 1996; **12**: 430-433
 - 15 **Xiao YH**, Wang QN, Qian YS, Du JZ, Zheng XP, Liu HY. Pharmacokinetics and in vitro antibacterial activity of ciprofloxacin. *Zhongguo Kangshengsu Zazhi* 1992; **17**: 293-296
 - 16 **Randinitis EJ**, Koup JR, Rausch G, Abel R, Bron NJ, Hounslow NJ, Vassos AB, Sedman AJ. Clinafloxacin pharmacokinetics in subjects with various degrees of renal function. *Antimicrob Agents Chemother* 2001; **45**: 2536-2542
 - 17 **Randinitis EJ**, Brodfuehrer JI, Eiseman I, Vassos AB. Pharmacokinetics of clinafloxacin after single and multiple doses. *Antimicrob Agents Chemother* 2001; **45**: 2529-2535
 - 18 **Wise R**, Jones S, Das I, Andrews JM. Pharmacokinetics and inflammatory fluid penetration of clinafloxacin. *Antimicrob Agents Chemother* 1998; **42**: 428-430
 - 19 **Meyerhoff C**, Dilger C, Yoon SJ, Chung YH, Lee DK, Lee CW, Ryu JM, Choi MS, Pabst G, Reh C. Safety, tolerability and pharmacokinetics of the new long-acting quinolone DW-116 after single and multiple dosing in healthy subjects. *J Antimicrob Chemother* 1998; **42**: 349-361
 - 20 **Qian YS**, Wang QN, Xiao YH, Du JZ, Zheng XP, Li CZ, Liu HY, Qiu J, Jiang FY. Pharmacokinetics study of enoxacin in human and in vitro antibacterial activity. *Zhongguo Kangshengsu Zazhi* 1992; **17**: 215-218
 - 21 **Zeng JZ**, Liang DR, Qin YP, Liang MZ, Liu DY, Huang Y, Zhang HM, Yu Q, Zou YG., Zhang HL. Study on the pharmacokinetics of oral enoxacin and bioavailabilities of preparations in healthy volunteers. *Zhongguo Kangshengsu Zazhi* 1993; **18**: 341-346
 - 22 **Xiao YH**, Wang QN, Qian YS, Du JZ, He HX. Pharmacokinetics of enoxacin, ciprofloxacin, ofloxacin and pefloxacin. *Chongqing Yikedaxue Xuebao* 1994; **19**: 177-179
 - 23 **Trampuz A**, Laifer G, Wenk M, Rajacic Z, Zimmerli W. Pharmacokinetics and pharmacodynamics of gatifloxacin against *Streptococcus pneumoniae* and *Staphylococcus aureus* in a granulocyte-rich exudate. *Antimicrob Agents Chemother* 2002; **46**: 3630-3633
 - 24 **Lober S**, Ziege S, Rau M, Schreiber G, Mignot A, Koeppe P, Lode H. Pharmacokinetics of gatifloxacin and interaction with an antacid containing aluminum and magnesium. *Antimicrob Agents Chemother* 1999; **43**: 1067-1071
 - 25 **Liu XD**, Xie L, Wang J, Liang Y, Li L, Lu L. Comparison of pharmacokinetics of gatifloxacin in rats, dogs and humans. *Asian J Drug Metab Pharmacokinet* 2005; **5**: 71-76
 - 26 **Wise R**, Andrews JM, Ashby JP, Marshall J. A study to determine the pharmacokinetics and inflammatory fluid penetration of gatifloxacin following a single oral dose. *J Antimicrob Chemother* 1999; **44**: 701-704
 - 27 **Allen A**, Bygate E, Oliver S, Johnson M, Ward C, Cheon AJ, Choo YS, Kim IC. Pharmacokinetics and tolerability of gemifloxacin (SB-265805) after administration of single oral doses to healthy volunteers. *Antimicrob Agents Chemother* 2000; **44**: 1604-1608
 - 28 **Gee T**, Andrews JM, Ashby JP, Marshall G, Wise R. Pharmacokinetics and tissue penetration of gemifloxacin following a single oral dose. *J Antimicrob Chemother* 2001; **47**: 431-434
 - 29 **Allen A**, Bygate E, Vousden M, Oliver S, Johnson M, Ward C, Cheon A, Choo YS, Kim I. Multiple-dose pharmacokinetics and tolerability of gemifloxacin administered orally to healthy volunteers. *Antimicrob Agents Chemother* 2001; **45**: 540-545
 - 30 **Child J**, Andrews JM, Wise R. Pharmacokinetics and tissue penetration of the new fluoroquinolone grepafloxacin. *Antimicrob Agents Chemother* 1995; **39**: 513-515
 - 31 **Eftymiopoulos C**. Pharmacokinetics of grepafloxacin. *J Antimicrob Chemother* 1997; **40** Suppl A: 35-43
 - 32 **Chien SC**, Rogge MC, Gisclon LG, Curtin C, Wong F, Natarajan J, Williams RR, Fowler CL, Cheung WK, Chow AT. Pharmacokinetic profile of levofloxacin following once-daily 500-milligram oral or intravenous doses. *Antimicrob Agents Chemother* 1997; **41**: 2256-2260
 - 33 **Chien SC**, Chow AT, Natarajan J, Williams RR, Wong FA, Rogge MC, Nayak RK. Absence of age and gender effects on the pharmacokinetics of a single 500-milligram oral dose of levofloxacin in healthy subjects. *Antimicrob Agents Chemother* 1997; **41**: 1562-1565
 - 34 **Stone JW**, Andrews JM, Ashby JP, Griggs D, Wise R. Pharmacokinetics and tissue penetration of orally administered lomefloxacin. *Antimicrob Agents Chemother* 1988; **32**: 1508-1510
 - 35 **Kovarik JM**, Hoepelman AI, Smit JM, Sips PA, Rozenberg-Arska M, Glerum JH, Verhoef J. Steady-state pharmacokinetics and sputum penetration of lomefloxacin in patients with chronic obstructive pulmonary disease and acute respiratory tract infections. *Antimicrob Agents Chemother* 1992; **36**: 2458-2461
 - 36 **Tan L**, Xu DK, Diao Y, Yuan YS. Highperformance liquid chromatographic assay for lomefloxacin in plasma and its pharmacokinetics in healthy volunteers. *Yaoxue Xuebao* 1993; **28**: 286-289
 - 37 **Tang X**, Cai YM. Effects of probenidol on the pharmacokinetics of norfloxacin. *Shenyang Yaoxueyuan Xuebao* 1991; **8**: 1-4
 - 38 **Adhami ZN**, Wise R, Weston D, Crump B. The pharmacokinetics and tissue penetration of norfloxacin. *J Antimicrob Chemother* 1984; **13**: 87-92
 - 39 **Lehto P**, Kivistö KT. Effect of sucralfate on absorption of norfloxacin and ofloxacin. *Antimicrob Agents Chemother* 1994; **38**: 248-251
 - 40 **Yuk JH**, Nightingale CH, Quintiliani R, Sweeney KR. Bioavailability and pharmacokinetics of ofloxacin in healthy volunteers. *Antimicrob Agents Chemother* 1991; **35**: 384-386
 - 41 **Immanuel C**, Hemanthkumar AK, Gurumurthy P, Venkatesan P. Dose related pharmacokinetics of ofloxacin in healthy volunteers. *Int J Tuberc Lung Dis* 2002; **6**: 1017-1022
 - 42 **Hameed A**, Iqbal T, Nawaz M, Batool F, Baig TT, Ali S, Nurjis F. Pharmacokinetics of ofloxacin in male volunteers following oral administration. *Pak J Biol Sci* 2002; **5**: 1098-1100
 - 43 **Israel D**, Gillum JG, Turik M, Harvey K, Ford J, Dalton H, Towle M, Echols R, Heller AH, Polk R. Pharmacokinetics

- and serum bactericidal titers of ciprofloxacin and ofloxacin following multiple oral doses in healthy volunteers. *Antimicrob Agents Chemother* 1993; **37**: 2193-2199
- 44 **Lode H**, Höffken G, Olschewski P, Sievers B, Kirch A, Borner K, Koeppe P. Pharmacokinetics of ofloxacin after parenteral and oral administration. *Antimicrob Agents Chemother* 1987; **31**: 1338-1342
- 45 **De Lepeleire I**, Van Hecken A, Verbesselt R, Tjandra-Maga TB, De Schepper PJ. Comparative oral pharmacokinetics of fleroxacin and pefloxacin. *J Antimicrob Chemother* 1988; **22**: 197-202
- 46 **Wang WL**, Lu H, Wang T, Hou F, Li JT. Pharmacokinetics of pefloxacin in normal volunteers. *Zhongguo Linchuang Yaolixue Zazhi* 1990; **6**: 235-241
- 47 **Xiao YH**, Wang QN, Qian YS, Du JZ, Zheng XP, Liu HY. Pharmacokinetics and in vitro antibacterial activity of pefloxacin. *Zhongguo Kangshengsu Zazhi* 1992; **17**: 302-305
- 48 **Imbimbo BP**, Broccali G, Cesana M, Crema F, Attardo-Parrinello G. Inter- and intrasubject variabilities in the pharmacokinetics of rifloxacin after single oral administration to healthy volunteers. *Antimicrob Agents Chemother* 1991; **35**: 390-393
- 49 **Wise R**, Johnson J, O'Sullivan N, Andrews JM, Imbimbo BP. Pharmacokinetics and tissue penetration of rifloxacin, a long acting quinolone antimicrobial agent. *J Antimicrob Chemother* 1991; **28**: 905-909
- 50 **Perry G**, Mant TG, Morrison PJ, Sacks S, Woodcock J, Wise R, Imbimbo BP. Pharmacokinetics of rifloxacin in patients with impaired renal function. *Antimicrob Agents Chemother* 1993; **37**: 637-641
- 51 **Kisicki JC**, Griess RS, Ott CL, Cohen GM, McCormack RJ, Troetel WM, Imbimbo BP. Multiple-dose pharmacokinetics and safety of rifloxacin in normal volunteers. *Antimicrob Agents Chemother* 1992; **36**: 1296-1301
- 52 **O'Grady J**, Briggs A, Atarashi S, Kobayashi H, Smith RL, Ward J, Ward C, Milatovic D. Pharmacokinetics and absolute bioavailability of sitafloxacin, a new fluoroquinolone antibiotic, in healthy male and female Caucasian subjects. *Xenobiotica* 2001; **31**: 811-822
- 53 **Nakashima M**, Uematsu T, Kosuge K, Umemura K, Hakusui H, Tanaka M. Pharmacokinetics and tolerance of DU-6859a, a new fluoroquinolone, after single and multiple oral doses in healthy volunteers. *Antimicrob Agents Chemother* 1995; **39**: 170-174
- 54 **Johnson JH**, Cooper MA, Andrews JM, Wise R. Pharmacokinetics and inflammatory fluid penetration of sparfloxacin. *Antimicrob Agents Chemother* 1992; **36**: 2444-2446
- 55 **Zix JA**, Geerdes-Fenge HF, Rau M, Vöckler J, Borner K, Koeppe P, Lode H. Pharmacokinetics of sparfloxacin and interaction with cisapride and sucralfate. *Antimicrob Agents Chemother* 1997; **41**: 1668-1672
- 56 **Mody VD**, Pandya KK, Satia MC, Modi IA, Modi RI, Gandhi TP. High performance thin-layer chromatographic method for the determination of sparfloxacin in human plasma and its use in pharmacokinetic studies. *J Pharm Biomed Anal* 1998; **16**: 1289-1294
- 57 **Matsuoka M**, Banno K, Sato T. Analytical chiral separation of a new quinolone compound in biological fluids by high-performance liquid chromatography. *J Chromatogr B Biomed Appl* 1996; **676**: 117-124
- 58 **Granneman GR**, Carpentier P, Morrison PJ, Pernet AG. Pharmacokinetics of temafloxacin in humans after single oral doses. *Antimicrob Agents Chemother* 1991; **35**: 436-441
- 59 **Granneman GR**, Braeckman R, Kraut J, Shupien S, Craft JC. Temafloxacin pharmacokinetics in subjects with normal and impaired renal function. *Antimicrob Agents Chemother* 1991; **35**: 2345-2351
- 60 **Teng R**, Liston TE, Harris SC. Multiple-dose pharmacokinetics and safety of trovafloxacin in healthy volunteers. *J Antimicrob Chemother* 1996; **37**: 955-963
- 61 **Vincent J**, Venitz J, Teng R, Baris BA, Willavize SA, Polzer RJ, Friedman HL. Pharmacokinetics and safety of trovafloxacin in healthy male volunteers following administration of single intravenous doses of the prodrug, alatrofloxacin. *J Antimicrob Chemother* 1997; **39** Suppl B: 75-80
- 62 **Wise R**, Mortiboy D, Child J, Andrews JM. Pharmacokinetics and penetration into inflammatory fluid of trovafloxacin (CP-99,219). *Antimicrob Agents Chemother* 1996; **40**: 47-49
- 63 **Granneman GR**, Snyder KM, Shu VS. Difloxacin metabolism and pharmacokinetics in humans after single oral doses. *Antimicrob Agents Chemother* 1986; **30**: 689-693
- 64 **Stass H**, Dalhoff A, Kubitz D, Schühly U. Pharmacokinetics, safety, and tolerability of ascending single doses of moxifloxacin, a new 8-methoxy quinolone, administered to healthy subjects. *Antimicrob Agents Chemother* 1998; **42**: 2060-2065
- 65 **Siefert HM**, Domdey-Bette A, Henninger K, Hücke F, Kohlsdorfer C, Stass HH. Pharmacokinetics of the 8-methoxyquinolone, moxifloxacin: a comparison in humans and other mammalian species. *J Antimicrob Chemother* 1999; **43** Suppl B: 69-76
- 66 **Minami R**, Inotsume N, Nakamura C, Nakano M. Stereoselective analysis of the disposition of tosufloxacin enantiomers in man. *Eur J Clin Pharmacol* 1993; **45**: 489-491
- 67 **Niki Y**. Pharmacokinetics and safety assessment of tosufloxacin tosylate. *J Infect Chemother* 2002; **8**: 1-18
- 68 **Minami R**, Nakamura C, Inotsume N, Nakano M. Effects of aluminum hydroxide and famotidine on bioavailability of tosufloxacin in healthy volunteers. *Antimicrob Agents Chemother* 1998; **42**: 453-455

S- Editor Liu Y L- Editor Ma JY E- Editor Wang HF